

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036396

5320

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 9 1963

Primary Registration District No.

1002

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF Frank Ellis, MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 4 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Hosp and Med Center		d. STREET ADDRESS (If outside, give location) 1118 East 8th. St.	
3. NAME OF DECEASED (Type or print) First William Middle Ray Last Redding		4. DATE OF DEATH Month 9 - Day 28 - Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-22-00
9. AGE (last birthday) 63		10. IF UNDER 1 YEAR Months 63 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and state or country) "Unknown"		12. CITIZEN OF WHAT COUNTRY "Unknown"	
13a. FATHER'S NAME "Unknown"		13b. MOTHER'S MAIDEN NAME "Unknown"	
14. NAME OF HUSBAND OR WIFE Nellie Sue Redding		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. 8 Records: Jackson County Welfare, Mo.		17. INFORMANT Address K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transitional cell CA of pelvis with local metastases DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 9 a.m. 8 p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION 9-8-63 to 9-28-63 and last saw her alive on 9-28-63		COUNTY 9-28-63 STATE	
21. I attended the deceased from 9-8-63 to 9-28-63 and last saw her alive on 9-28-63 Death occurred at 9:10 a 9 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i> (Degree or title)	
22b. ADDRESS 2400 Cherry - K.C., Mo.		22c. DATE SIGNED 9-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-2-63	
23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery Kansas City, Kansas		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO.		25. DATE RECD. BY LOCAL REG. 10-1-63	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jul T Moore

Licensed Embalmer No. 4729

P. O. Address Trimble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.